| Surveyor - | Rasul | | MENT (Office) | | |
|--------------------------------------|----------------------|--|---------------|----------|------------------------------|
| From (Person) | Thuma Choo | of | SMO | Dat | re/Time: 12.7.19 |
| Estimated Cos | | | Bill to: | | |
| | hicle No: 4B(| | V / CS | Insured: | 4p 63777 |
| at Workshop i | n/s HO Leong 1 | guto | | Tel: 9 | 665464 |
| of 27-A | Jurong Port road | # 01-30 | | | , |
| | 18m7PCV6 00157 | | Claim No: | MTD 190 | 13345 |
| Sum Insured: | | | Excess: | | |
| Make of Veh: | | | | DO | D.A. 6.4.19 |
| (Client's Record CA / REV Date/Time: | REP. / REV 24 HRS | Person Contac | ted: HO Leong | I | I.O.D. Endors <u>em</u> ent: |
| Date/Time | Action/Instruction (| X) Estin | ute. | | |
| | GBC 32985- | The same of the sa | | | - |
| | YP 6377 -> | ۷. | | | |
| P F CC | @ 1149am Ho | leona | said no es | timate | |
| 10 | Dismantle: 19 | | | | |
| | Δ. | Poch | | | |

| ASSIGNMENT | NMENT | SSIGNME | NT |
|------------|-------|---------|----|
|------------|-------|---------|----|

| <u>A</u> | ASSIGNMIGNT |
|---|---|
| From: Date: | Veh No: GBC 3898S Yr Regn: 2012/APR |
| Estimated Cost: | Type: M.Car / M.Cycle / Bus / Yaw / Lorry / Taxi / Prime Mover / |
| OD P / WS / TP RES / OD RES / EVA / INV / MV | Truck / Trailer or |
| To Inspect Vehicle No: GRC 38985 | Make: TOYOTA HIME M a.c 2982 |
| at Workshop m/s Ho LGON & and | COMA A/C. Inquired / Stat / Bit / Ala |
| of JA, Jurouh Porth # 01-30 Insured: Smo | Sp.Reading 38 9564 T/Radio: Insured / Std / NI / NA |
| Insured: SMO | Eng/No: |
| Policy No. | C/No: JTFHT02P900084492 |
| Claims No. | Gen. Cond: Good / Fai) / Poor / Burnt |
| Sum Insured: * Excess: | Steering: Mordon/ Jammed / Leaked / Burnt or |
| (Client's Record) | Brake: (Inorder / Jammed / Leaked / Burnt or |
| Make of Veh: | Modi: Nil)/S/Rim / STD A/Rim or |
| | Tyre Size: F: 195 R15C |
| (Policy Condition) | R: 1- |
| Remark: The veh had commenced its N/S O/ | BS / DUN / EXNOVA / GY / FS / LIZA /MIQ / OHTSU / PIR / SUMI / |
| repair at the time of inspection. | TOYO / YOKO or |
| Bal. or Market Value: | Front Rear |
| DAC Accident Report: Consistent? : Yes or No | R/Bal. 4 mm R/Bal. 6 mm |
| SIA / PR Seen: Consistent?: Yes or No | L/Bal. L/Bal 6 mm |
| est. Repairs: days Res.: Yes or No | D.O.A. 06/04/19 D.O.I. 19/07/19 |
| um Sum: % 3 Val.: Yes or No | D.O.A. Objecting D.O.I. 19/07/19 Survey held at Ho LEONA 1940 |
| CA / DEV / DED / 24UDE | Des. of Damages Fit / Rear / O/S / N/S / U/C / Rooftop or |
| CA / REV / REP. / 24 HRS Vehicle: IN / O | DUT |
| Date: Person Contacted | The U/C / Chassis frame / Body Structure affected due to collision. |
| Date / Time Action / Instruction | • |
| Ronge + Days | |
| 0 | |
| Repair Range - 2, Evo-3,000 Repair Days - Adays | |
| Repair Days - Adays | mosto |
| 709 | |
| <i>V</i> | 5/9/2019 |
| | |
| Date/Time, File Pass to? : Preli. Report | Days Of Repair: |
| : Final Report | Resurvey No. of Trip: Survey Fee: 100 |
| Date/Thue, File Return 197 | Transportation: 60 |
| Add F | |
| | : Interview (\$) Photos |
| Report Format : PRQ | : Tech. Invs (\$ -) Others |
| .ump Sum / I.B.I: (\$ | :Weekend (\$ |
| | TOTAL 731 |

...CLAIM SUBFOLDER...(New Assignment)

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'ed | Status | |
|------------|-------------------|---------------|--|--------------|----------------------|---------------|--------------------------------|---|
| Main | 12 Jul 2019 | | 12 Jul 2019 13:32 Assign | | | | New Assign Cancel Cas | 7 C C C C C C C C C C C C C C C C C C C |
| | Main | Re | ference | Cla | im Details | Docum | nents | Show All |
| CLAIM S | UBFOLDER DE | TAILS | AND AND AND ADDRESS OF THE PARTY OF THE PART | | | [[| reated by insu | ırer] |
| nsured: | | | | | . No.: 199803003N | | | |
| Main Clair | 11121132 | | PACK SYSTEM | | . Reg. No.: 1998030 | | /04/2010 11:00 | .50 |
| /ehicle Re | eg. No.: | GBC3 | 898S | Di | ate of Loss: | 155 | /04/2019 11:00 8MTPCVE00157 | |
| Claim Typ | e: | TP / 0 | MTD1903345 | Po | licy/Cover Note No. | | omprehensive) | 3 |
| /ehicle Re | eg. No. (Insured) | : YP637 | 7T | Po | licy No. (Claimant): | | | |
| | | | | | cess: | | 77 450 VI 77456 III | |
| Repairer: | | Jurong | Island - Tel: | | urong Port Road, #0 | | | |
| Handling | Insurer: | 4681] | | | d. (HQ) - Tel: 6461 | | | |
| Adjuster: | | LKK A | uto Consultants | Pte Ltd (HQ) | - Tel: 6256-3561 | [Final Rpt du | e 23/07/2019 |] |
| ASSOCI | ATED MAIL REG | CEIVED | | | | View | All Comp | ose Case Mail |
| There are | no mail for this | case. | | | | | | |
| E | | | | | | | | |
| | OCIATED TAS | KS | | | View All Sea | arch Tasks | Create New Task | Complete |

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | | |
|--|-------------------------|--|
| Owner ID Type: | Company | |
| Owner ID: Vehicle Details | 590G | |
| Vehicle No.: | GBC3898S | |
| Vehicle to be Exported: | No | |
| ntended Deregistration Date: | 29 Jul 2019 | |
| Vehicle Make: | TOYOTA | |
| Vehicle Model: | HIACE MANUAL | |
| Primary Colour: | Silver | |
| Manufacturing Year: | 2011 | |
| Engine No.: | 1KD2123841 | |
| Chassis No.: | JTFHT02P900084492 | |
| Maximum Power Output: | ~ | |
| Open Market Value: | \$25,820.00 | |
| Original Registration Date: | 18 Apr 2012 | |
| First Registration Date: | 18 Apr 2012 | |
| Transfer Count: | 0 | |
| Actual ARF Paid: Intended PARF Rebate Details | \$1,291.00 | |
| PARF Eligibility: | No | |
| PARF Eligibility Expiry Date: | | |
| PARF Rebate Amount: Intended COE Rebate Details | \$0.00 | |
| COE Expiry Date: | 17 Apr 2022 | |
| COE Category: | C - Goods Vehicle & Bus | |
| COE Period(Years): | 10 | |
| QP Paid: | \$49,801.00 | |
| COE Rebate Amount: | \$13,542.00 | |
| Total Rebate Amount: | \$13,542.00 | |

The information contained herein is correct as at 29 Jul 2019

ОК

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

| ACC | DEN | T STAT | EMENT |
|-----|-----|--------|-------|
| | | | |

Date Of Report

09/04/2019 13:50

Date Of Accident

06/04/2019 11:35

Exact Location Of Accident

ALONG ORCHARD LINK

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBC3898S

Insured/Policyholder

Name Of Registered Owner

JAPAN PACK SYSTEM PTE LTD

Co Reg No

199001590G

Email Address

NOEMAIL

Mobile Phone No

Alternative Phone No

OFFICE

Vehicle Particulars

TOYOTA

Model

HIACE MANUAL

Exact Purpose for which vehicle was being used at

time of accident

...

Are you claiming under your own insurance policy for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company, State of the state of the

Name of Insurance Company

SOMPO INSURANCE SINGAPORE PTE, LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

D18MTPCVE003178

Cover Note Number

01/09/2018-17/10/2019

Driver

Name of Driver

KOW SEOH HENG

NRIC No

Date Of Birth Occupation

OUTDOOR

Date Of Driving Pass

Driving Experience

EARS AND MONTHS

Gender

Mobile Number

(LOCAL) +

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: KENRESTEE

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

SEMBANWANG NPC

Police Station Address

ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accidents REFER TO THE POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP6377T

Vehicle Make/Model/Colour **Details Of Properties**

В

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

| SKETCH PLAN | | | |
|--|---|------|--|
| | | ITTT | TTTT |
| 444444411 | | 1111 | |
| | | | |
| | | | |
| +++++++++++++++++++++++++++++++++++++++ | +1,1=1,1=1,1=1,1=1,1=1,1=1,1=1,1=1,1=1,1 | 111 | |
| | Vehide B | | |
| 11111111 | Reverse 18 | | |
| | | | ++++++++++ |
| | | +++- | +++++++++++++++++++++++++++++++++++++++ |
| | | 111 | |
| | A-GBC38783 | 1111 | *********** |
| | | | |
| | B - 4863777 | | |
| PESCUIPE CIDCUMSTANCES O | | | |
| ESCRIBE CIRCUMSTANCES O | F THE ACCIDENT | | the second secon |
| | | | |
| Refer to | the police report no | : 1 | 20190406 2156 |
| | 0 | 4 | 2110100 1-100 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | - | | |
| | | | |
| | | | |
| | | | |
| portant; | | | |
| ou have been advised by the wor | kshop that in the event that you wish to | | - Reporting Only |
| aim against your own policy (OD | CLAIM). There is a COLIDTECK (14) | | - Claim OD |
| ATS CLAUSE WHEREBY MUST BE | MADE within the stipulated time frame | | - Claim TP |
| om the day of the occurrence. | | / | - Claim OD/TP at other workshop |
| CLARATION | | | |
| WE declare the foregoing part | ciculars are true in every respect. | | 11 |
| CK SYSA | and the order of the pectual | | 1/1 |
| (P.) (C) | ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | 1/ |
| (ACRA No) 70 (195001590G) | John & But | | 11/ |
| (2) | 60 | | |
| licyholder's signature | Delugade Clarat | | to f |
| ite & Time | Oriver's Signature (if driver not the policyholder) | | Reporting Centre Personnel's Signature Name: Kenneth |
| 111119 | us usiver not the hoseyholder) | | Mama. Kenneth |

Date & Time

Nric/Fin No.

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- G. The report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GiA) for archiving and that copies of this report: will for a fee be made available upon application by interested parties.
- By the ladgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesald.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident this accident shall be collectively referred to as the "insurers"), the insurers lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of ...
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (sii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail: packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, nea/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information-may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and ail future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

district the state of the

ACRA NO.

Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnet's Signature Name: NRIC/FIN No.: Konnoth





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

1 of 3 Report No. T/20190406/2156

Tel No: 1800-5549999

| REPORT | OF A TRAFFI | C ACCIDENT | | | |
|--------------------|--------------------------|----------------|--|---------------|---|
| Date/Ti 06/04/2 | me Report M 019 21:54 | Made: | Vide Report No.: | | Station Diary No.: 58 |
| Informa | int's Partic | ulars | | | Well-Market State of |
| Name o | f Informant: EOH HENG | | Address: | STATE SERVICE | SINGAPORE |
| NRIC N | | | Contact No.: Home/Office: | Mobile: | |
| | | | Email: | | |
| ?- : | ∆ne: | Date of Birth: | Type of Informant: Driver | | |
| Darg. | | | Language; English | Institution | / School Name: |
| Occupat | ion: | | Driving Licence Information: Class: 3 | Date of E | xpiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive; No | Date/Time of Accident: 06/04/2019 11:35 | Type of Location Straight Road |
|----------------------------------|-------------------------------|------------------------------------|---|-----------------------------------|
| Location: Along Road 1 ORCHARD L | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | 1 | Traffic Volume: Light |
| Type of Collis | ion: ing Vehicles - Head T | | | Anyone conveyed by |

| Vehicle No. | Lype | Make | Model | A CAIDE SE | Conducat | No of Passenge |
|-------------|-------|--------|-------|------------|---------------------|----------------|
| GBC3898S | Van . | TOYOTA | HIACE | Grey | Slightly Damaged | 1 |
| YP6377T | Lorry | | | | Danagea | 0 |

| Details of Person Involved | 7.34.00 |
|---------------------------------|--------------------------------|
| Any Pedestrian Involved: No | |
| No. of Pedestrians Injured: NIL | Use of Pedestrian Crossing: NA |





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

2 of 3 Report No. T/20190406/2156

Tel No: 1800-5549999

CONTINUATION OF REPORT

| oiry: NIL |
|-----------|
| |
| |
| |

On 06/04/2019 at about 1135 hrs, I had parked my van at the loading and unloading bay of Cineleisure

On the same day at about 1140 hrs, I came back to my van, my son informed me that the damage to my vehicle and a chief working nearby informed me that a lorry, YP6377T (Munchy's brand design)(Lim Siang Huat PTe Ltd) had reversed and hit onto the front of my vehicle causing a dent on the emblem

I had contacted my company, Mr Vincent, Assistant Supervisor, Hp: 81005032 and he ask me to lodge a

Sketch Plan Pg. 5





Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999

3 of 3 Report No. T/20190406/2156

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: L / Staff Sgt LIM FEI YANG | Signature Of Informant: |
|---|--------------------------------|
| Signature Of Interpreter: Not applicable | Date/Time: 06/04/2019 21:54 |
| Officer In Charge Of Case: | Classification Of Case; |
| Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144 | Da sina |
| Authentication Stamp NP168 | |

...CLAIM SUBFOLDER...(Pending for Survey Report)

| | BFOLDER TRA | 1 | | | 10.00 | | 1 | 0 | | |
|--------------------------------|---|--|----------------------|---------------------------|-----------------|--|------------------|-------------------|--------------|--|
| Case | Notified 12 Jul 2019 | Est Submitted | 12 Jul 2019 13:32 | S\$0.00 Edit Estimates | S\$0. | 00 w Rpt | Ins Auth'ed | | | |
| | | | Edit Adj Rpt | | - | | | | Show All | |
| | Main | 1 | teference | Claim | etails | | Documen | ts | Show All | |
| CLAIM S | UBFOLDER D | ETAILS | | | | [Created | by insurer] | | | |
| Insured: | LIM SIA | NG HUAT PTE LT | D, Co. Reg. No.: 19 | 99803003N | | | | | | |
| Main Claimant: | JAPAN P | ACK SYSTEM PTI | ELTD, Co. Reg. N | o.: 199803003N | | | | | | |
| Vehicle Re No.: | GBC389 | 985 | | Date | of Loss: | 06/04/2019 11:00 - :59 [83 Months and 19 Days From LTA Reg Date (Man Yr)] | | | | |
| Claim Typ | Policy/Cover Note No.: Policy/Cover Note No.: D18MTPCVE001573 (Comprehensive) | | | | | | | | | |
| Vehicle Re No. (Insured) | o. YP63//1 | | | | / No. mant): | | | | | |
| | | | | Exce | ss: | | | | | |
| Repairer: | Ho Leon | Auto Services | (HQ) 27-A Jurong Po | ort Road, #01-30 | TC Indus | strial Servic | e Centre, 619101 | Jurong Island - T | el: | |
| Handling Insurer: | | Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 [Handled by Thelma Choo - 6322 4681] | | | | | | | | |
| Adjuster: | LKK Auto | Consultants Pt | e Ltd (HQ) - Tel: 62 | 256-3561 [Hand | lled by M | OHD RASU | JL] [Final Rp | ot due 23/07/2 | 019] | |
| ASSOCIA | ATED MAIL R | ECEIVED | | | | | V | iew All Compo | se Case Mail | |
| There are | no mail for this | s case. | | | | | | | | |
| ALL ASS | OCIATED TA | ske= | | | | | Count Testes | Cooks Now Tools | 1 | |
| | 10 22722 220 | | | 0 1000 001 | | View All | | Create New Task | Complete | |
| No results | | Type Tas | k Group Subje | ct Handler | Assign | ned By | Completed On | Created O | n Done | |

Claim Documents

*GBC3898S (CMTD1903345) [YP6377T] TP JAPAN PACK SYSTEM PTE LTD Apr 6 2019 11:00AM [LIM SIANG HUAT PTE LTD] **Ho Leong Auto Services**

| Pho | tos/Images | | 3 per page | |
|-----|-----------------|--|---------------------|-----|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbna | |
| 1 | 29/07/19 10:15 | General View | 1 Load JPG | V |
| 2 | 29/07/19 10:15 | General View | Load JPG | V |
| 3 | 29/07/19 10:15 | General View | Load JPG | |
| 4 | 29/07/19 10:15 | General View | Load JPG | _ |
| 5 | 29/07/19 10:15 | General View | Load JPG | - |
| 6 | 29/07/19 10:15 | General View | Load JPG | |
| 7 | 29/07/19 10:15 | General View | 1 Load JPG | |
| 8 | 29/07/19 10:15 | General View | Load JPG | 1 - |
| 9 | 29/07/19 10:15 | General View | Load JPG | |
| 10 | 29/07/19 10:15 | General View | 1 Load JPG | 1 - |
| 11 | 29/07/19 10:15 | General View | Load JPG | 1 - |
| 12 | 29/07/19 10:15 | General View | 1 Load JPG | - |
| 13 | 29/07/19 10:15 | General View | 1 Load JPG | - |
| 14 | 29/07/19 10:15 | General View | Load JPG | |
| 15 | 29/07/19 10:15 | General View | Load JPG | |
| 16 | 29/07/19 10:15 | General View | Load JPG | 1 = |
| 17 | 29/07/19 10:15 | General View | 1 Load JPG | |
| 18 | 29/07/19 10:15 | General View | € Load JPG | |
| 19 | 29/07/19 10:15 | General View | 1 Load JPG | _ |
| | | General View | ■ Load JPG | |
| 20 | 29/07/19 10:15 | General View | 1 Load JPG | - |
| | 29/07/19 10:15 | | Load JPG | |
| 22 | 29/07/19 10:16 | Photographs of Damaged Parts | Load JPG | |
| 23 | 29/07/19 10:16 | Photographs of Damaged Parts | | T- |
| 24 | 29/07/19 10:16 | Photographs of Damaged Parts | Load JPG Load JPG | _ |
| 25 | 29/07/19 10:16 | Photographs of Damaged Parts | | _ |
| 26 | 29/07/19 10:16 | Photographs of Damaged Parts | Load JPG | _ |
| 27 | 29/07/19 10:16 | Photographs of Damaged Parts | € Load JPG | _ |
| 28 | 29/07/19 10:16 | Photographs of Damaged Parts | Load JPG | - |
| 29 | 29/07/19 10:16 | Photographs of Damaged Parts | Load JPG | _ |
| 30 | 29/07/19 10:16 | Photographs of Damaged Parts | € Load JPG | |
| 31 | 29/07/19 10:18 | Photo After Spray | 1 Load JPG | - |
| 32 | 29/07/19 10:18 | Photo After Spray | 1 Load JPG | |
| 33 | 29/07/19 10:18 | Photo After Spray | Load JPG | - |
| 34 | 29/07/19 10:18 | Photo After Spray | Load JPG | _ |
| 35 | 29/07/19 10:18 | Photo After Spray | 1 Load JPG | _ |
| 36 | 29/07/19 10:18 | Photo After Spray | 1 Load JPG | _ |
| 37 | 29/07/19 10:18 | Photo After Spray | 1 Load JPG | - |
| 38 | 29/07/19 10:18 | Photo After Spray | 1 Load JPG | - |
| 39 | 29/07/19 10:18 | Photo After Spray | 1 Load JPG | ₩. |
| Doc | cumentation | | 1 per page | |
| No | Finalized On | Sompo Insurance Singapore Pte. Ltd. (HQ) | 1 per page Thumbna | - |
| 1 | 12/07/19 10:52 | Third Party E-filed GIA report & Lawyer Letter | 1 Load PDF | _ |

| Photos/Images | | | 3 per page | |
|---------------|-----------------|-----------------------------------|------------|----------|
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbna | il Print |
| 3 | 12/07/19 13:31 | PRI - LKK (No Consensus) | ■ Load HTM | 1 |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset | Save | Print |
|--|-------|------|-------|
| There are no document checklists configured. | | | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) | | | |
| | | | ^ |
| | | | ~ |
| Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties. | | | |

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/SMO19012346/R1CF3E2

Date:

16/09/2019

REFERENCE

Sompo Insurance Singapore Pte. Handling Insurer:

Policy No:

D18MTPCVE001573

Claimant

GBC3898S

Insured Vehicle No:

YP6377T

Vehicle No: Date of Loss:

06/04/2019

Nature of Claim:

TP

Claim No:

CMTD1903345

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Price:

GBC3898S

Make & Model:

TOYOTA HIACE, 2.0 (M)

Engine No:

1KD2123841

Reg. Date: Colour:

18/04/2012 (Man. Year: 2011)

Chassis No: Odometer:

JTFHT02P900084492 380064 km

Engine Capacity:

Grey 2982 cc

Market Value/New Car

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Footbrake (Serviceable): Yes

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

195 R15C

Rear Tyre Size:

No

195 R15C

Front Left Side:

Michelin 6 mm

Rear Left Side:

Michelin 6 mm

Front Right Side:

Michelin 6 mm

Rear Right Side:

Michelin 6 mm

The above values represent the remaining tyre treads depth

| COST OF CLA | AIMS | Repairer's | Adjuster's | Difference | Diff % |
|-----------------|-------------------|------------|------------|------------|--------|
| Parts | | 0.00 | 0.00 | 0.00 | |
| Miscellaneous I | tems | 0.00 | 0.00 | 0.00 | |
| Labour | | 0.00 | 0.00 | 0.00 | |
| Paintwork Labo | ur | 0.00 | 0.00 | 0.00 | |
| Towing | | 0.00 | 0.00 | 0.00 | |
| | Nett Amount (S\$) | 0.00 | 0.00 | 0.00 | |

INSPECTION

Date of Assignment:

12/07/2019

Date Inspected:

19/07/2019 Inspected At:

Ho Leong Auto Services (HQ)

27-A Jurong Port Road, #01-30 JTC

Industrial Service Centre

Singapore 619101

Estimated Period of Repair:

4.0 days

Adjuster: MOHD RASUL Manager: CELINE FONG

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,500.00 -\$3,000.00

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 16 Sep 2019)

Parts: N/A TOYOTA HIACE 2.0 (M) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GBC3898S)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >